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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* **FP**  
 This appln claims benefit of 60/390,873 06/21/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* **NONE**

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 09/15/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
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ADDRESS  
 MELVIN K. SILVERMAN  
 SUITE 500  
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 33309

TITLE  
 Skimmer basket weight

FILING FEE  RECEIVED 482	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing )
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